

August 10, 2020

Dear Tolleson ESD Parents, Guardians & Families;

I hope this letter finds you and your family staying safe and healthy! Attached please find a form entitled, ***COVID-19 Parental Acknowledgement and Disclosure***. It is important that you read it carefully, sign it, and return it to us before the start of school.

At a time when so much misinformation is circulating, we want you to clearly understand your responsibilities—and our objectives—when it comes to the safety of your child and our teachers, administrators, and staff.

While the form may seem long and detailed, the messages are those you've heard before:

- **You must take your child's temperature every day before school. (A temperature of 100.4 degrees Fahrenheit or higher is considered a fever.)**
- **If your child is sick, they must stay home.**
- **For safety reasons, parents and guardians will not be allowed on campus past the drop-off area unless there is an emergency.**
- **If your child comes into contact with someone who may have COVID-19, or who tests positive for COVID-19, you must let us know.**

The form also confirms the school's and district's intent to:

- **Monitor students for symptoms that could indicate a coronavirus infection, and if they do show symptoms, to call you right away to pick them up and take them home.**
- **Remain aware of changes in Centers for Disease Control (CDC) guidelines, and to follow the guidance of the CDC, the county health department, and the Arizona Department of Health Services.**

Please complete and sign the form and return it to your school office with your child on the first day your child returns to school. You may also print, complete and sign the form and scan it to wcoffice@tesd17.org before your child returns to school. Please note, your child will not be able to enter the school without the form being fully completed and signed and on file at the school.

Thank you for being our trusted partner and for helping us stay vigilant against this very serious illness.

Sincerely,

Dr. Lupita Hightower
Tolleson Elementary School District

**Tolleson Elementary School District
COVID-19 Parental Acknowledgment and Disclosure**

Each statement below should be read and initialed by either a parent or the child's guardian. **Signature by a parent or the child's guardian is required.**

1. _____ I understand that during this COVID-19 public health emergency, I will NOT be permitted to enter the facility/school beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present at the facility/school and to limit to the extent possible everyone's risk of exposure.
2. _____ I understand that it is my responsibility to inform other members of my household of the information contained herein.
3. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands and wear a mask before entering. While in the facility, I will practice social distancing and remain 6 feet from all other people, except for my own child.
4. _____ I understand that in order to attend school, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the class and moved to a supervised, secure area. I will be contacted, and my child MUST be picked up within 1 hour of being notified.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Any other symptom of illness, whether or not you believe it's related to COVID-19

While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency.

Symptoms typically appear two to seven days after being infected. Your child will need to be symptom-free, without any medication, for twenty-four (24) hours before returning to school.

5. _____ I understand that as the parent/guardian, I will need to take my child's temperature prior to coming to school. I understand that, as the parent/guardian, I must also conduct daily self-screening of my child for symptoms prior to the child arriving at school.

6. _____ I understand that over the course of the school day, my child's temperature will be taken.
7. _____ I understand that my child will be required to wash their hands throughout the day using CDC-recommended handwashing procedures.
8. _____ I understand that my child must wear a face covering throughout the day according to the protocols established by the District.
9. _____ I will immediately notify the school office if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines "close contact" as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.
10. _____ The Site/District will continue to follow the guidelines of both the CDC and state and local officials. As changes occur, parents and guardians will be notified. The school district will contact the Arizona Department of Health Services if any staff member or student contracts COVID-19 to help make crucial decisions on next steps.
11. _____ I understand that, while present at school each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined herein.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Child's School: _____